(6-02)

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...1



03039664

Non-asset-based logistics company

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC	USE ON	ILY
Prefix		Serial
DAT	E RECEI	VED

Name of Offering ([] check if this is an amendment and name has changed, and indicat Corporate Freight Management, Inc. Stock Purchase and Redemption	e change.)	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506	[] Section 4(6)	[]ULOE
Type of Filing: [X] New Filing [] Amendment		PROCE SS
A. BASIC IDENTIFICATION DATA		DEC 09 200
1. Enter the information requested about the issuer		THOMSON FINANCIAL
Name of Issuer ([] check if this is an amendment and name has changed, and indicate Corporate Freight Management, Inc.	change.)	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number	
(Including Area Code) 5655 Lindero Canyon Rd., Westlake Village, CA 91362	(818) 991-9080	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Including Area Code) (if different from Executive Offices)	Telephone Numb	ber
Brief Description of Business		/

Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed
Month Year Actual or Estimated Date of Incorporation or Organization: [0][3] [9][7] [X] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [C][A]
GENERAL INSTRUCTIONS
Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under <u>Regulation D</u> or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.
A. BASIC IDENTIFICATION DATA
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
Check Box(es) that [] Promoter [X] Beneficial [X] Executive [X] Director [] General and/or Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual) Helgesen, Donald P.
Business or Residence Address (Number and Street, City, State, Zip Code) 5655 Lindero Canyon Rd., Westlake Village, CA 91362

Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name	first, if individual)	Bates, Jo	oseph		
Business or Residence 5655 Lindero Canyon	,	•	State, Zip Code)		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individual)	Bates, T	`onya		
Business or Residence 5655 Lindero Canyon			State, Zip Code)		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individual)	Flanaga	n, Patrick		
Business or Residence c/o Landmark Growth				0	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[X] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individual)	Panzo,	Andrew		
Business or Residence 8 Pennsford Lane, Me		and Street, City,	State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individual)	CFMI I	nvestors, LLC		
Business or Residence c/o Landmark Growth				0	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individual)				
Business or Residence	e Address (Number a	and Street, City,	State, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В.	INFOR	MATIO	N ABOU	T OFFEI	RING			
1. Has	the issue	r sold, or	does the	issuer in	tend to se	ell, to non	-accredit	ed investo	rs in this	offering?	<u>}</u>	es No
			A	nswer als	so in App	endix, Co	olumn 2, i	f filing ur	ider ULO	E.		
2. Wha	t is the m	inimum	investme	nt that w	ill be acc	epted fro	m any ind	lividual?	•••••	•••••	9	no minimum
3. Does	the offe	ring pern	nit joint o	wnershi	p of a sing	gle unit?.	••••••	•••••	••••••		<u> </u>	es No
indirect sales of dealer i than fiv	tly, any construction securities egistered (5) per	commissions on the control of the co	on or sim offering. e SEC an e listed a	ilar remo If a perso d/or with are associ	uneration on to be li a state or	for solici isted is au r states, l	itation of associat ist the nar	Ill be paid purchaser ed person ne of the er or deal	s in conne or agent broker or	ection wit of a broke dealer. If	th er or more	
Full Na	me (Last	t name fi	rst, if ind	ividual)	S	stephens	Inc.					
		idence A et, Little			and Street -3507	, City, St	ate, Zip C	Code)				
Name	of Associ	ated Bro	ker or De	ealer.	Step	hens Inc						
States i	n Which	Person I	isted Ha	s Solicite	ed or Inte	nds to So	licit Purc	hasers				
(Check	"All Sta	tes" or ch	eck indi	vidual St	ates)					[X]	All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ıme (Las	t name fi	rst, if ind	ividual)								
Busine	ss or Res	idence A	ddress (1	Number a	and Street	, City, St	ate, Zip C	Code)				
Name	of Associ	iated Bro	ker or De	ealer								
States	n Which	Person I	isted Ha	s Solicite	ed or Inte	nds to So	- licit Purc	hasers		<u> </u>	<u> </u>	
(Check	"All Sta	ites" or cl	neck indi	vidual St	ates)					[] All Stat	es
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[比]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ıme (Las	t name fi	rst, if ind	ividual)								
Busine	ss or Res	sidence A	ddress (Number a	and Street	, City, St	ate, Zip C	Code)				
Name	of Assoc	iated Bro	ker or D	ealer								

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) [] All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI][ID][IL] [IN][IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Already Offering Price Type of Security Sold Debt 0 \$ 5,260,000 \$ 5,260,000 Equity [] Common [X] Preferred Convertible Securities (including warrants) 0 \$ Partnership Interests 0 \$ 0 Other (Specify______). 0 \$ 0 Total 5,260,000 \$ 5,260,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors \$__5,260,000 Non-accredited Investors 0 \$ ____ Total (for filings under Rule 504 only) N/A \$ N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering.

Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dol Solo	lar Amount I
Rule 505	N/A	_ \$	N/A
Regulation A	<u>N/A</u>	_ \$	N/A
Rule 504	N/A	_ \$	N/A
Total		\$	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees		¢	0
Printing and Engraving Costs	- -		
Legal Fees	_ -		259,420
Accounting Fees			22,940
Engineering Fees		_	0
Sales Commissions (specify finders' fees separately)			400,000
Other Expenses (identify) Finders' fee			400,000
Purchasers' expenses Consulting food			173,238 7,500
Consulting fees Total			863,098
b. Enter the difference between the aggregate offering price given in response to Question 1 and total expenses furnished in response to Part C - Question 4.a. The the "adjusted gross proceeds to the issuer."	nis difference is	\$	4,396,902
5. Indicate below the amount of the adjusted gross proceeds to the issuer used o proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.	r		
	Payments to Officers, Directors &Affiliates		
Salaries and fees	[] \$	[]\$_	
Purchase of real estate	[] \$	[]\$_	
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[]\$_	
Construction or leasing of plant buildings and facilities	[]\$	[]\$_	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for	[]\$	[]\$_	
the assets or securities of another issuer pursuant to a merger)	ГJФ	гле	
Repayment of indebtedness	[]\$		
Working capital	[]\$		
Other (specify): Redemption of common stock (an additional	[X] \$ <u>4,396,902</u>		
\$863,098 used from the company's working capital for a total redemption price of \$5,260,000 for common stock).	[]\$		
Column Totals	[X]\$ <u>4,396,902</u>		
Total Payments Listed (column totals added)	[X] \$ <u>4</u> .	<u>,396,90</u>	<u>2</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Corporate Freight Management, Inc.	& letter	12/01/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Donald P. Helgesen	President	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)